

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553399

FILING DATE

24 JUN 2006

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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27				/		
28				/		
29				/		
30				/		
31				/		
32				/		
33				/		
34				/		
35				0		
36				0		
37				0		
38				0		
39				0		
40				/		
41				/		
42				/		
43						
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48						
49						
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←		28	←		←
TOTAL CLAIMS			25			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY